FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000088410 (3)**

1. Corporation Name
ABACUS LABS, INC.

Principal Place of Business
13200 SW 128TH ST SUITE F-3
MIAMI FL 33186

Mailing Address
13200 SW 128TH ST SUITE F-3
MIAMI FL 33186

3. Date Incorporated or Qualified: 12/06/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 7975 NW 154 ST
Suite, Apt. #, etc. 22 SUITE 430
City & State 23 MIAMI LAKES, FL
Zip 24 33016 Country 25 USA

2a. Mailing Address
26 7975 NW 154 ST
Suite, Apt. #, etc. 27 SUITE 430
City & State 28 MIAMI LAKES FL
Zip 29 33016 Country 30 USA

4. FEI Number: 65-0551512 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
LISLE, DAVID
13200 SW 128TH ST SUITE F-3
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name: LISLE, DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 7975 NW 154 ST, SUITE 430
83
84 City: MIAMI LAKES FL 85 Zip Code: 33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David Lisle — 4/25/96
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LISLE, DAVID	
STREET ADDRESS	13200 SW 178ST., SUITE F-3	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☑ Change ☐ Addition
1.2 NAME	LISLE, DAVID	
1.3 STREET ADDRESS	7975 NW 154 ST, SUITE 430	
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Lisle — 4/25/96 — 305 556 0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #